2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2004
Secretary of State

DOCUMENT# L00000001297

Entity Name: WOMEN'S CARE RESOURCES, L.L.C.

Current Principal Place of Business:

103 SOUTHERN OAK DRIVE
PLANT CITY, FL 33567

New Principal Place of Business:

103 SOUTHERN OAK DRIVE
PLANT CITY, FL 33567 US

Current Mailing Address:

103 SOUTHERN OAK DRIVE
PLANT CITY, FL 33567

New Mailing Address:

103 SOUTHERN OAK DRIVE
PLANT CITY, FL 33567 US

FEI Number: 59-3625945 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUDOCK, LESLIE WAGER
601 BAYSHORE BLVD., SUITE 700
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: P ( ) Delete
Name: STEIN, JERRY N
Address: 731 S. PARSONS AVE.
City-St-Zip: BRANDON, FL

Title: V ( ) Delete
Name: WHITEHEAD, KEITH D
Address: 731 S. PARSONS AVE.
City-St-Zip: BRANDON, FL

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: STEIN, JERRY N
Address: 731 S. PARSONS AVE.
City-St-Zip: BRANDON, FL 33511 US

Title: MGR (X) Change ( ) Addition
Name: WHITEHEAD, KEITH D
Address: 731 S. PARSONS AVE.
City-St-Zip: BRANDON, FL 33511 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JERRY N. STEIN MGR 04/21/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date